REQUEST FOR DUE PROCESS HEARING

(Virginia Department of Education Form¹)

If due process is requested by or on behalf of a student, please submit this form to the Superintendent, Special Education Director or other representative of the Local Educational Agency, who shall then forward such request form to the Virginia Department of Education; If due process is requested by the Local Educational Agency, please submit this form to the parent(s), representative, or student and the Virginia Department of Education.

(Please type or write legibly, sign and date)

School Child Attends:	Age: Date of Birth:	-
City/County School Division: School Child Attends: Name of Parent(s) ² Initiating Hearing: Address: (City) (Zip) Felephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.) Name: Address:	Child's Home Address:	
(City) (Zip) Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.) Name: Address:	(City)	(Zip)
Name of Parent(s) ² Initiating Hearing: Address: (City) (Zip) Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.) Name: Address:	City/County School Division:	
Address: (City) (Zip) Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.) Name: Address:	School Child Attends:	
(City) (Zip) Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.) Name: Address:	Name of Parent(s) ² Initiating Hearing:	
(City) (Zip) Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.) Name: Address:	Address:	
Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.) Name: Address:		
Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.) Name: Address:		
Name:Address:		
Address:	(City)	(Zip)
	(City) Telephone Numbers: Home () Office ()	(Zip)
(City) (Zip)	(City) Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate,	etc.)
(City) (Zip)	(City) Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, Name:	etc.)
	(City) Telephone Numbers: Home () Office () Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, Name: Address:	etc.)

¹ The use of this form is not mandatory; however, much of the information requested by this form is necessary in order to initiate a due process hearing. Please note that the failure to use this form or submit the information required by this form may not be used to delay or deny a parent's right to a due process hearing.

² Parent includes student at age 18, if parental rights have been transferred to the student, and any other individual who meets the definition of parent in the special education regulations.

REQUE	CST FOR DUE PROCESS HEARING	Page 2 of
7.	Description of the nature of the problem (what are the issues; what	's wrong?)
8.	Facts relating to the problem (what happened that caused the proble	em?)
9.	A proposed resolution of the problem to the extent known and avai	lable to the parents.
	(Please attach additional pages to provide additional information as	necessary.)
the avail beneficia Both par mediatio	MEDIATION Federal law requires that when a parent requests a hearing, the school division lability of mediation. Mediation is offered at no cost to the parties. Mediation al in your case. Please be advised, however, that mediation is a voluntary system stries must agree to mediate their issues prior to the initiation of the mediation on cannot delay the appointment of a due process hearing officer or the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the scheduling indicate your decision below concerning your acceptance or rejection of the offer the year of year of the year of the year of y	is encouraged and may be stem for resolving disputes. a process. Any request for any of a due process hearing.
	I request mediation I decline mediation	1.
	Signature of Parent(s)	Date
Prepared	d by: Virginia Department of Education, Division of Special Education and Student Services Office of Dispute Resolution and Administrative Services Revised April 2004	